

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

Vol 27 1927
13161

1. PLACE OF DEATH

County.....
Towship.....
City..... St. Louis

Registration District No. 791

Primary Registration District No. 1003

File No.
Registered No. 3463
St. South Ward

2. FULL NAME

William Seles

(a) Residence. No. 3640 Marine St. 24 Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. 30 mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 8-2-1845

7. AGE 81 YEARS 8 MONTHS 7 DAYS If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Deckhand

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) Tenn.
(STATE OR COUNTRY)

10. NAME OF FATHER W.M. Seles

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY)

14.

INFORMANT Mar. C. Starker
(Address) 3640 Marine ave.

15.

FILED APR 10 1927 Mar. C. Starker

REGISTERED

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 9, 1927

17. I HEREBY CERTIFY, That I attended deceased from April 7, 1927, to April 9, 1927, that I last saw him alive on April 7, 1927, and that death occurred, on the date stated above, at 4:30 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Nephritis
Acute Bronchitis non Tubercular
Chor Myocarditis

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? no. DATE OF.....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?.....

(Signed) George W. Statter, M. D.

4/9, 1927 (Address) 3640 Marine ave.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Washington Park

Apr. 11 1927

20. UNDERTAKER

ADDRESS 2906

J. H. Harrison

Lanston

A. B.—Every death certificate should be carefully examined. Exact statement of OCCUPATION and CAUSE OF DEATH should be furnished.

U. S. Navy - Bureau of Information should be notified of the above.

Exact statement of OCCU